



A Name You Can Trust

FAQs: What Federal Agencies Can Do About Avian Flu

As you know from recent heavy media coverage, public health experts from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have identified outbreaks of a serious flu-like illness caused by a bird virus, known as avian influenza or bird flu. We have received many questions from federal agencies about what they can do to protect their employees from avian influenza and how FOH can assist them in this effort. This fact sheet addresses the most frequently asked questions we have received and provides additional resources for further information.

What is Avian Influenza? Avian influenza, or “bird flu”, is a contagious disease of animals caused by viruses that normally infect only birds and, less commonly, pigs. Most strains pose no threat to human health. However, one particular strain (H5N1) is extremely infectious and fatal to chickens and ducks, and in some instances, can infect humans.

How is Avian Flu transmitted? Most human infections detected to date have resulted from direct contact with infected birds and/or with contaminated poultry eggs, feces, fluids, or unprocessed meat. Unlike normal seasonal influenza in humans, which is highly contagious and easily spread from person to person, the current avian strains have not demonstrated this same capability.

Why is there so much attention being given to this bird flu? Since the virus does not commonly infect humans, there is little or no natural immunity to protect against it. Public health authorities are concerned that should this virus mutate and become highly transmissible between humans, it could cause a severe worldwide outbreak of disease (or pandemic), potentially killing millions in the United States and abroad.

Where are outbreaks of Avian Influenza? At this time, countries with confirmed *animal* cases of H5N1 are confined to Southeast Asia and Eastern Europe. Fewer countries have confirmed *human* cases of H5N1. For a current listing of H5N1-affected countries, see the OIE Web site at http://www.oie.int/eng/en_index.htm.

What is the difference between bird flu and routine seasonal human influenza? The primary difference between avian influenza and seasonal human flu is the source and route of transmission of the virus. Otherwise, there is very little difference in the early symptoms (though they may vary in severity) or treatment of the virus. For more information on signs, symptoms, and treatment of avian influenza, go <http://www.cdc.gov/flu/avian/gen-info/avian-flu-humans.htm>.

Is there a vaccine available for avian flu? There currently is no commercially available human vaccine to protect against the H5N1 virus; however, research studies to test a vaccine began in April 2005 and a series of clinical trials are underway. For more information about vaccine development, visit <http://www3.niaid.nih.gov/news/newsreleases/2005/H5N1QandA.htm>.

If a vaccine becomes available, would FOH be able to provide vaccine to its customer agencies? If so, what would the cost be? Whether FOH could provide vaccine largely depends on how much is commercially available at that time as we do not have access to investigational drugs. If the supply is limited, it would be available and controlled only through the CDC. If supplies permit, we could theoretically provide the vaccine under guidelines for priority groups per CDC recommendations. The cost is unknown at this time.

h e a l t h y b o d i e s ❖ s o u n d m i n d s ❖ a s a f e p l a c e t o w o r k

If there is no vaccine, will FOH be able to dispense antiviral medications to federal agencies in the event of an avian flu outbreak? Four licensed antiviral agents are available in the United States for *treatment* of human flu infections. However, FOH does not typically diagnose and treat acute infectious diseases, as this is the purview of primary care providers. Three of the medications are also approved for *prophylaxis* (preventing infection after exposure but before symptoms). All are prescription medications and because of the potential for side effects, a person's primary care provider should make decisions about who should receive these drugs.

Should agencies or FOH stockpile antiviral agents such as Tamiflu®? Current studies suggest that some agents currently approved for human flu viruses should also work in preventing bird flu infection in humans. For this reason, production of oseltamivir or Tamiflu® is being increased and stockpiled by the government for potential use in a pandemic. Like the vaccine, the CDC would control distribution of the stockpile during such an event and would probably limit it to high-risk priority groups. However, it is important to note that viruses mutate rapidly and some bird flu viruses have already shown resistance to available medications. There is no way of knowing if the strain of the virus that would cause a pandemic would be susceptible to those stockpiled. Additional studies are needed to prove the effectiveness of these medicines and the CDC is not currently recommending that any other agencies develop stockpiles of their own.

How can I prepare my agency/employees for a pandemic? Federal managers can prepare their agency by educating employees about how to help prevent the spread of viruses and bacteria in the workplace. Employees should know and practice routine hygiene measures such as:

- Cover their mouth and nose when coughing or sneezing.
- Wash their hands often. Proper handwashing technique includes washing with soap and warm water for 15 to 20 seconds. When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers.
- Remind children to practice healthy habits, too.

In addition federal managers should:

- Encourage annual flu vaccination. *While a seasonal human flu vaccination will not specifically protect against avian influenza, it can help prevent "co-infection" of two different influenza viruses, which could lead to the emergence of a new strain of virus that could cause widespread illness.*
- Develop contingency plans for widespread employee absences. It is estimated that 25-30% of workforces may be away from work during a pandemic due to direct illness or to care for family members who are sick. This planning should be part of the COOP (Continuity of Operations Plan) many agencies have already started.
- Develop appropriate flexiplace policies that encourage alternate work locations to reduce workplace transmission.

References and additional resources for more information:

- The official U.S. government Web site for pandemic and avian influenza:
<http://www.pandemicflu.gov>
- Center for Disease Control & Prevention (CDC)
<http://www.cdc.gov/flu/avian/index.htm>
- World Health Organization (WHO)
http://www.who.int/csr/disease/avian_influenza/en/
- OSHA Guidance for Protecting Workers Against Avian Flu
<http://www.osha.gov/dsg/guidance/avian-flu.html>
- For a listing of H5N1-affected countries, see OIE Web site at
http://www.oie.int/eng/en_index.htm

h e a l t h y b o d i e s ❖ s o u n d m i n d s ❖ a s a f e p l a c e t o w o r k